
Electronic progress note example 2: patient whose last quit attempt was NOT successful, DOES want to try again using BUPROPION.
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We spoke to [patient's name] by phone on [date]. [Mr./Ms. patient's name] WANTS TO ATTEMPT TO QUIT SMOKING IN NEXT [30 DAYS/ 6 MONTHS] using bupropion (Zyban) and [individual/group counseling]. The patient denies all contraindications for bupropion listed below. Please consider arranging [bupropion and/or counseling] to help patient meet [his/her] quit goal.

CURRENT PATIENT INFORMATION:

- * Tried to quit smoking using [drug] in [last fill month/year].
- * [Did/Did not] receive counseling with this quit attempt [(name of cessation clinic if appropriate)].
- * Relapsed to smoking after [#] days abstinence.
- * Currently smoking [current # cigs/day]/day.
- * Main problems remaining abstinent include [challenge1][challenge2][challenge3]
- * Reported [no/some] side effects with [drug] [(list of any side effects reported)].

Please sign to acknowledge receipt and, if possible, make addendum with plan of action. You can share this information with another staff member by writing an addendum to this note and adding an additional signer.

BUPROPION (ZYBAN) CONTRAINDICATIONS:

1. History of seizure/epilepsy - NO
2. History of stroke - NO
3. Serious hepatic disease - NO
4. Bipolar disorder - NO
5. History of brain surgery/injury - NO
6. Hospitalization for heart-related condition in past 2 weeks- NO
7. Eating disorder (anorexia or bulimia) - NO
8. Pregnant or breastfeeding - N/A
9. Current use of bupropion or Wellbutrin - NO
10. Allergy to bupropion or Wellbutrin - NO
11. Current use of other antidepressants - NO
12. Current use of Sinemet or L-Dopa medication - NO
13. Current use of steroids or theophylline - NO

It takes most patients several attempts to successfully quit smoking. For information on how to help a patient who is ready to quit smoking, see the Quick Reference Guide for Clinicians at <http://www.surgeongeneral.gov/tobacco/tobaqrg.htm>